

BUSINESS INFORMATION
HOLLI SULLIVAN
INDIANA SECRETARY OF STATE
07/01/2022 12:40 PM

Business Details

Business Name: **EXPERIAN INFORMATION SOLUTIONS, INC.** Business ID: **1996091479**

Entity Type: **Foreign For-Profit Corporation** Business Status: **Active**

Creation Date: **09/30/1996** Inactive Date:

Principal Office Address: **475 ANTON BOULEVARD, COSTA MESA, CA, 92626, USA** Expiration Date: **Perpetual**

Jurisdiction of Formation: **Ohio** Business Entity Report Due Date: **09/30/2022**

Original Formation Date: **02/18/1992** Years Due:

Governing Person Information

Title	Name	Address
Secretary	Jason Engel	475 Anton Boulevard, COSTA MESA, CA, 92626, USA
Vice President	Tony Reeves	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Director	Darryl Gibson	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Director	Craig Boundy	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Director	Kerry Williams	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Assistant Treasurer	Maryam Damavandi	475 Anton Blvd., Costa Mesa, CA, 92626, USA

Registered Agent Information

Type: **Business Commercial Registered Agent**

Name: **C T CORPORATION SYSTEM**

Address: **334 North Senate Avenue, Indianapolis, IN, 46204, USA**

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT of INDIANA

CIVIL ACTION NO. 1:22-cv-01217-SEB-DML

JOEY KIMBROUGH,

Plaintiff,

v.

SNAP-ON CREDIT LLC;

EXPERIAN INFORMATION
SOLUTIONS, INC;

EQUIFAX INFORMATION
SERVICES LLC

Defendants.

AFFIDAVIT OF SERVICE

DEFENDANT:

EQUIFAX INFORMATION SERVICES, LLC
c/o its registered agent CORPORATION SERVICE COMPANY
135 N. Pennsylvania Street, Suite 1610
Indianapolis, IN 46204

I, Lisa Kimbrough, being over the age of eighteen, NOT a party to this cause, and competent to testify as to the matters asserted herein. I certify that on 6/23/2022 a copy of the Summons and Complaint were sent to the Defendant listed above via USPS Certified Mail with Signature Required.

DOCUMENT TYPE: Summons and Complaint from JOEY KIMBROUGH

CORPORATE SERVICE TO: EQUIFAX INFORMATION SERVICES, LLC

SIGNED AND RECEIVED BY: "MARY COLEMAN"

DATE RECEIVED AND SIGNED: 6/27/22

Certified Mail Receipt and Signature Card enclosed as "Exhibit A"

I SWEAR UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING
REPRESENTATIONS ARE TRUE.

DATED: 7/1/22

SIGNATURE OF AFFIANT: Joe Kimbrough

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Equifax Information Services, LLC
c/o its registered agent
Corporation Service Company
135 North Pennsylvania St, Suite 1610
Indianapolis, IN 46204



9590 9402 7265 1284 0752 43

2. Article Number (Transfer from service label)

7021 0950 0001 4169 8515

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Indo**n**opolis, IN 46204

OFFICIAL USE

Certified Mail Fee \$3.75

\$ Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 0.00
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$2.36

Total Postage and Fees \$9.16

Sent To
Equifax Information Services, LLC, registered
Street and Apt. No., or PO Box No. Corporation Service Company agent
135 North Pennsylvania St., Suite 1610
City, State, ZIP+4
Indianapolis, IN 46204

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Postmark Here
23 2022
06/23/2022

BUSINESS INFORMATION
HOLLI SULLIVAN
INDIANA SECRETARY OF STATE
07/01/2022 12:39 PM

Business Details

Business Name: **EQUIFAX INFORMATION SERVICES LLC** Business ID: **2001060600005**
Entity Type: **Foreign Limited Liability Company** Business Status: **Active**
Creation Date: **06/05/2001** Inactive Date:
Principal Office Address: **1550 PEACHTREE STREET, NW, H-46,
ATLANTA, GA, 30309, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Georgia** Business Entity Report Due Date: **06/30/2023**
Original Formation Date: **06/04/2001** Years Due:

Governing Person Information

Title	Name	Address
President	Lisa Stockard	1550 Peachtree Street, NW, Atlanta, GA, 30309, USA
Treasurer	Michael Gabe Bonfield	1550 PEACHTREE STREET, NW., Atlanta, GA, 30309, USA
Manager	Lisa Stockard	1550 PEACHTREE STREET, NW, Atlanta, GA, 30309, USA
Vice President	Traci HornFeck	1550 PEACHTREE STREET, NW, Atlanta, GA, 30309, USA
Assistant Secretary	Lillian Juhazs	1550 PEAXHTREE STREET. NW, Atlanta, GA, 30309, USA

Registered Agent Information

Type: **Business Commercial Registered Agent**
Name: **CORPORATION SERVICE COMPANY**
Address: **135 North Pennsylvania Street, Suite 1610, Indianapolis, IN, 46204, USA**